### Volenski, Dina

Miracle, Meriah <mmiracle@co.humboldt.ca.us> From:

Wednesday, February 20, 2019 9:16 AM Sent:

Will. Gina To: Miracle, Meriah Cc:

Subject: Meriah Miracle - Town of Paradise EOC - EMMA Request #4411 - Camp Fire reimbuirsement Camp Fire MOA - Town of Paradise, Humboldt County and Humboldt County Department of Attachments:

Health & Human Services.pdf; Meriah Miracle - EMMA Forms 1A and 1B - Request #4411 Camp Fire Nov 2018.pdf; Meriah Miracle - EMMA Form 4 Exit Survey.pdf; Meriah Miracle -EMMA Form 5 Individual Demobilization Checkout.pdf; Meriah Miracle - ICS 225 Position Performance Rating Form.pdf; Meriah Miracle - ICS 214s Nov 28-Dec 4, 2018.pdf; Meriah Miracle - Timecard Dec 2-15, 2018.pdf; Meriah Miracle - Timecard corrections - Nov 28-Dec 1 Camp Fire Mutual Aid.pdf; Miracle Direct Deposit receipt 12-2-18 to 12-15-18 - Redacted.pdf; Meriah Miracle - Expense Voucher Nov 28-Dec 4 2018.pdf; Meriah Miracle - Enterprise Rental Car Receipt 12-6-18.pdf; Meriah Miracle - Gas receipts - Butte County fire response Nov 28-Dec 4 2018.pdf; Meriah Miracle - Expense reimbursement check stub.pdf; Meriah Miracle -

FEMA\_Cost\_Summary Worksheets.xlsx

## Good morning,

Please see Camp Fire EMMA reimbursement paperwork for Meriah Miracle attached. I will mail the hard copies of the signed MOA today. Please let me know if you need any additional documentation from me.

Wishing you all the best, Meriah Miracle **Public Education Officer** Humboldt County Department of Health & Human Services 707-441-5417

## PRE/POST-EVENT AGREEMENT

MEMORANDUM OF AGREEMENT (MOA) BETWEEN <u>Humboldt County Department of Health & Human</u>

<u>Services</u> AND THE TOWN OF PARADISE PERTAINING TO ASSISTANCE PROVIDED UNDER THE

EMERGENCY MANAGEMENT MUTUAL AID (EMMA) PLAN

NOTE: Use of such an agreement does not guarantee state or federal reimbursement.

WHEREAS, this event and associated conditions will collectively be referred to as the Camp Fire; and

WHEREAS, on November 08, 2018, this declared emergency event consists of fire and damages associated with response; and

WHEREAS, the following extreme conditions existed including, unpredictable winds, low humidity and drought which aided the Camp Fire that has swept through the Town of Paradise killing at least 88 people, burning thousands of acres, and destroying thousands of homes and businesses, power poles, public buildings and infrastructure, public safety communications and telephone lines; and

WHEREAS, on November 08, 2018 the Federal Emergency Management Agency (FEMA) announced that federal disaster assistance has been made available to the state of California to supplement local response and recovery efforts in the areas affected by wildfires and the associated; and

WHEREAS, the Emergency Management Mutual Aid Plan delineates the current state policy concerning Emergency Management Mutual Aid; and

WHEREAS, the Emergency Management Mutual Aid Plan describes the standard procedures used to acquire emergency management mutual aid resources and the method to ensure coordination of emergency management mutual aid planning and readiness; and

WHEREAS, the city emergency manager is the Operational Area Emergency Management Mutual Aid Coordinator; and

WHEREAS, Emergency Management Mutual Aid Plan provides, in pertinent part, "When an emergency develops or appears to be developing which cannot be resolved by emergency management resources within an Operational Area, it is the responsibility of the Operational Area Mutual Aid Coordinator to provide assistance and coordination to control the problem;" and

WHEREAS, the Emergency Management Mutual Aid Plan provides, in pertinent part, "A request for emergency management mutual aid requires the approval of an authorized official of the requesting jurisdiction;" and

WHEREAS, the Emergency Operations Director of the Town of Paradise requested the mutual aid assistance of Humboldt County Department of Health & Human Services, pursuant to the Emergency Management Mutual Aid Plan to provide emergency management support in connection with the Camp Fire; and

WHEREAS, Humboldt County Department of Health & Human Services provided emergency management mutual aid consisting of emergency management personnel, equipment, and/or materials from November 28,

1

(Rev. 2/27/13)

2018 through December 4, 2018 to assist with emergency management services in connection with the Camp Fire; and

WHEREAS, <u>Humboldt County Department of Health & Human Services</u> agrees to document all of its mutual aid assistance costs related to the Camp Fire as attachments to this MOA and submit to the Town of Paradise as soon as practicable;

NOW, THEREFORE, IT IS HEREBY AGREED by and between the Town of Paradise and <u>Humboldt County</u> <u>Department of Health & Human Services</u> that the Town of Paradise shall reimburse all reasonable costs associated with <u>Humboldt County Department of Health & Human Services</u> emergency management mutual aid assistance during the Camp Fire.

**Providing Jurisdiction** 

(Signature)

Name: William F. HowsaL

Title: SHERIFF

County: HUMBOLDT

Date: 2/6/19

Providing Agency (If different from Providing Jurisdiction)

(Signature)

Name: Connie Beele

Title: Director

Agency: DHHS - Humboldt

Date:

**Requesting Jurisdiction** 

Ву\_\_\_\_\_

(Signature)

Name: Lauren Gill Title: EOC Director City: Town of Paradise

Date:

#### **DEFINITIONS**

Authorized Official: A person with expressed authority by a legal governing body to request resources, authorize purchases, and/or enter into contracts on behalf of a Requesting or Providing Jurisdiction during an emergency.

**EMMA Resource:** A person with a combination of training, experience and credentials that would serve in an ICS position, either in the field or an EOC, or as a technical specialist during an emergency response.

**Operational Area (OA):** An intermediate level of the state emergency services organization consisting of a county and all political subdivisions within the county area.

**Providing Agency/Jurisdiction:** The government entity providing EMMA resources. The different levels of providing jurisdictions include providing local jurisdiction, providing OA and providing region.

**Requesting Jurisdiction:** The government entity requesting EMMA resources. The different levels of requesting jurisdictions include requesting local jurisdiction, requesting OA and requesting region.

## **EMMA**

Incident 2018-10-08 Camp Fire

Back

Add Response | Print PDF

Alt Phone:

Alt Phone:

#### EMMA Form 1A - EMMA RESOURCE REQUEST

#### TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Phone: 5308793908

Request #: 4411

Incident Name: 2018 November Wildfires Request Date / Time: 11/26/2018 10:57:26

Approved Mission / Tracking

Requesting Jurisdiction Information

Requesting Jurisdiction Town of Paradise Name:

24 Hours Phone Number: 5308792340 EMMA Coordinator / Primary
Cy Cary

Point of Contact:

Position / Title: Logistics

Fax: E-Mail: eoclogisticstop@gmail.com

Alternate Point of Contact: Bryan Johnson

Position / Title: Logistics Phone: 5308793908

E-Mail: eoclogisticstop@gmail.com Fax:

Resource Requested Position: FILLED - Public Information Officer - Town of Paradise

Quantity:

Start Date/Time: 11/27/2018 08:00:00 End Date/Time: 12/04/2018 08:00:00

Shift: Day Security Clearance: No

Tasks to be performed: Any special skills / certifications / licenses / No credentials required?

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

TASKS: serve as the central coordination point for all releases including social media, ensure public receives information about procedures, advisories, and other vital Information. SKILLS: CSTI credential preferred. EQUIPMENT: bring vehicle, laptop, and follow EMMA packing list. Meals and lodging provided. ORDERED: through Post event MOU/MOA.

#### Check-in Location Information

Check-in Location Address: 901 fir st chico Latitude / Longitude: 27.886386 / -80.517367

24 Hour Phone Number: 6504445350 Point of Contact Name: Cy Cary Point of Contact Title: Logistics Cell Phone: 5308793908

Alt Phone:

E-Mail: logisticstop@gmail.com

#### **Expected Working Conditions**

Special health or environmental concerns in None the assignment area? Hardship living conditions

(Lack of power or potable sleeping on cots, community bath/shower

water, etc.)? Special housing / transportation instructions:

#### Providing Jurisdiction Information

Providing Jurisdiction Name: Humboldt 24 Hour Phone Number: 707-273-3500

EMMA Coordinator /

PRIMARY Point of Contact Dorie Lanni

Name:

Humboldt - OP AREA - LOG Position / Title:

Fax:

Fax:

Section Chief

Phone: 707-273-3500

Alt Phone:

Alt Phone:

E-Mail: dlanni@co.humboldt.ca.us

Alternate Point of Contact

(Optional): Position / Title:

Phone:

F-Mail

EMMA Resource Candidate This Candidate has been Accepted. Name: Meriah Miracle Cell: 707-296-5575 Alt Phone: Available for the period specified in the corresponding mmiracle@co.humboldt.ca.us E-Mail: EMMA Form 1A? Able to perform requested Yes Security Clearance (If applicable)? tasks? Equipment needed for Has been made aware of the expected Yes deployment is available? working conditions? Experience / EOC Position t EOC Credentials: Special Skills / Certifications / Licenses:

Originating Location (City and County):

Estimated travel time to check-in location:

Eureka, Humboldt County

4.5 hour drive

Special accommodations required:
Emergency Contact Name:

Relationship: Cell Phone: Additional Comments Available Wednesday, November 28 at 1000.

Providing Jurisdiction Information Providing Jurisdiction Name: Sonoma 24 Hour Phone Number: 7073249410 EMMA Coordinator / PRIMARY Point of Contact Brentt L Blaser Name: Sonoma - OP AREA - LOG Position / ,Title: Phone: 7075656160 Alt Phone: Section Chief E-Mail: Brentt.Blaser@gmail.com Fax: Alternate Point of Contact (Optional):

Alt Phone:

 (Optional):
 Phone:
 Alt Phone:

 Fax:
 E-Mail:

This Candidate has been Accepted.

Name: Kelsey Scanlon Cell: Alt Phone:

Available for the period specified in the corresponding Available fo

E-Mail: scanlonk@co.monterey.ca.us EMMA Form 1A? Yes

Able to perform requested

Yes

Able to perform requested Yes Security Clearance (If applicable)?

Equipment needed for deployment is available?

Yes Security Clearance (If applicable)?

Has been made aware of the expected working conditions?

deployment is available?

Experience / EOC Position

Credentials:

working conditions?

Yes

working conditions?

Special Skills /
Certifications / Licenses:
Originating Location (City and County):
Salinas, Monterey County

5 hours 30 minutes

Special accommodations required:

Emergency Contact Name: ...

Relationship: Cell Phone: Alt Phone:

Additional Comments entered int CalEOC by Sonoma County Staff, but the offer is being made by Monterey County. Monterey will need to

complete the reimbursement application if they desire compensation.

Providing Jurisdiction Information
Providing Jurisdiction Name: Santa Clara
24 Hour Phone Number:

EMMA Coordinator /
PRIMARY Point of Contact Jay McAmis
Name:

Alternate Point of Contact

EMMA Resource Candidate

EMMA Resource Candidate

Estimated travel time to

check-in location:

Position / Title:

Santa Clara - OP AREA - Phone: Office (408) 808-7803 Alt Phone:

Fax: E-Mail:

 (Optional):
 Position / Title:
 Phone:
 Alt Phone:

 Fax:
 E-Mail:

 ✓ This Candidate has been Accepted.

 Name:
 Patty Eaton
 Cell: 408-386-3055
 Alt Phone:

 E-Mail:
 patty.eaton@oes.sccgov.org
 Available for the period specified in the corresponding FMMA Form 1A?
 Yes

Able to perform requested

tasks?

Yes

Security Clearance (If applicable)?

Equipment needed for deployment is available? Yes

Has been made aware of the expected working conditions?

Experience / EOC Position Credentials:

Special Skills /

Certifications / Licenses: Originating Location (City

San Jose, Santa Clara County

Estimated travel time to check-in location: Special accommodations

4 hours N/A

required:

Emergency Contact Name:

Relationship: Additional Comments

and County):

Cell Phone:

Alt Phone:

Providing Jurisdiction Information

Providing Jurisdiction Name:

City of Costa Mesa / Costa Mesa Police Department

24 Hour Phone Number:

714-628-7008

EMMA Coordinator /

PRIMARY Point of Contact Name:

Michelle Anderson

Deputy Emergency Management Director

Phone: 714-715-1316

Alt Phone:

Fax:

E-Mail: manderson@ocsd.org

Alternate Point of Contact

(Optional):

Name:

Position / Title:

Position / Title:

Phone: E-Mail:

Alt Phone:

Fax:

EMMA Resource Candidate

Roxi Fyad Cell: 714-313-2077

Alt Phone:

E-Mail:

RFYAD@costamesaca.gov

Available for the period specified in the corresponding EMMA Form 1A?

Able to perform requested tasks?

Security Clearance (If applicable)?

Equipment needed for deployment is available? Yes Yes

Has been made aware of the expected Yes working conditions?

Experience / EOC Position Credentials:

Special Skills /

Certifications / Licenses:

Originating Location (City

and County):

Estimated travel time to

check-in location: Special accommodations 5pm, November 27, 2018

Costa Mesa, CA

required:

**Emergency Contact Name:** 

Relationship:

Cell Phone:

Alt Phone:

Additional Comments

Flight to Sacramento/Drive to Paradise

Providing Jurisdiction Information

Providing Jurisdiction Name: San Diego County 24 Hour Phone Number:

8586889970

EMMA Coordinator /

PRIMARY Point of Contact Bennett Cummings

San Diego - OP AREA - LOG

Alt Phone:

Fax:

Personnel

Phone: 8585655594

Alternate Point of Contact

E-Mail: Bennett.cummings@sdcounty.ca.gov

Position / Title:

Phone:

Alt Phone:

Fax:

E-Mail:

EMMA Resource Candidate

Michelle Mowad

EMMA Form 1A?

Name: E-Mail:

Name:

Position / Title:

(Optional):

michelle.mowad@sdcounty.ca.gov

Cell: 6194814309 Available for the period specified in the corresponding No

Alt Phone:

Able to perform requested

tasks?

Credentials:

Yes

Security Clearance (If applicable)?

Equipment needed for deployment is available? Experience / EOC Position

Has been made aware of the expected Yes

Special Skills / Certifications / Licenses: Yes

working conditions?

Originating Location (City

and County):

San Diego, San Diego

Estimated travel time to

check-in location:

10 hour drive

Special accommodations

required:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments

Resource not available until Thursday, which would be for travel, with an EOC start of Friday 11/30.

Providing Jurisdiction Information

Providing Jurisdiction Name: Alameda

24 Hour Phone Number: EMMA Coordinator /

5105799759

PRIMARY Point of Contact

Domingo Cabrera

Name:

Alameda - OP AREA - LOG

Resources (EF-07)

Phone: 5105799759

E-Mail: dcabrerajr@acgov.org

Alt Phone:

Fax:

Alternate Point of Contact

(Optional):

Position / Title:

Position / Title:

Phone:

E-Mail: cabreradj24@gmail.com

Alt Phone:

Fax: EMMA Resource Candidate

Name:

Sharene Gonzales

Cell: 209.598.5250

Alt Phone:

E-Mail:

Sharene.Gonzales@acwd.com

Available for the period specified in the corresponding

Able to perform requested

tasks?

Fremont

Security Clearance (If applicable)?

Equipment needed for

deployment is available?

Yes

Has been made aware of the expected Yes

working conditions?

EMMA Form 1A?

Experience / EOC Position

Credentials:

Special Skills /

Certifications / Licenses:

Originating Location (City

and County):

Estimated travel time to check-in location:

Special accommodations

required: **Emergency Contact Name:** 

Relationship:

Cell Phone

Alt Phone:

Disaster response experience

Additional Comments

ACWD PIO during an emergency response to a large sink hole. ACWD PIO during an emergency response to flooding of a local creek.

Available 1-10 Days

Back

Originated by: elise.arata@caloes.ca.gov as Butte - OP AREA - LOG Section Chief

Originated date: 11/26/2018 10:56:21

Last Edited by: elise.arata@caloes.ca.gov as Butte - OP AREA - LOG Section Chief

Last Edited date: 11/26/2018 20:06:57

# **EMMA FORM 4 - EXIT SURVEY**

**EMMA System Evaluation** 

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information: Incident Name: 7 Novew Assignment Location (EOC, Com Position/Task: P(O: cowwww. Shift (Day / Night): Day Assignment Dates: 1) 1/2/14			Ic; Field	
Assignment Dates: 1) 128/14- Number of Shifts (In days, do not	include travel): Se	ven		
<ul> <li>A. Mobilization Process:</li> <li>Alert Notification</li> <li>Recruitment</li> <li>Assignment Briefing</li> <li>Comments (Attach an addition)</li> </ul>	Excellent Excellent Excellent nal page if necess	Good Good Good ary):	Poor Poor Poor	
<ul> <li>B. Assignment Support:</li> <li>Travel Arrangements</li> <li>EOC In-processing</li> <li>Deployment Support Kit</li> <li>SOPs/Forms</li> <li>Comments (Attach an addition</li> </ul>	Excellent Excellent Excellent Excellent Excellent anal page if necessar	☐ Good ☐ Good ☐ Good ☐ Good ary):	Poor Poor Poor Poor	PN/A
<ul> <li>C. Demobilization Process:</li> <li>EOC Out-processing</li> <li>Personal Expense Reimbursement</li> <li>Post-Assignment Debriefing</li> <li>Overall Experience</li> <li>Comments (Attach an addition</li> </ul>	Excellent Excellent Excellent Excellent and page if necessar	Good Good Good Good	Poor Poor Poor Poor	
D. General Comments/Suggest	ions			
CHP accomodations Team 3 was prof	ueve amaz	ticent au	d suppor	tive.

1. Incident Name/Number 2018 November Will 4. Name of Released	
4. Name of Released	2. Date/Time (Of Release Notification) 3. Arrival Date/Time (12/2/18/1200 12/4/16/17
	E Desision (D.)
Meriah Meriah	MIVACIE
(Returning via Airline Name & Flight 6. Transportation Type	ental car
7. Actual Release Date/Time	
9. Destination (Location Agreed U	8. MRT # 441/ (RIMS Mission Tasking Number)
	(check one, list information below)
Evreka, CA	Name: Heather Muller
	Time: IIA
11.Cell Phone or Emergency Contac	# 1 1 /
_	Date: 12/3/18
12. EMMA Coordinator Name (Pro	iding Jurisdiction) Dovie Lanni
	13. Unit/Personnel
ou have been released subject to s	gn off from the following:
Demobilization Unit Leader check to ogistics Section	e appropriate box) Comment and Sign Off
/	EMMA Form 3 – Voluntary Performance Rating Copy Provided? Y N /
EMMA Coordinator	EMMA Form 4 - Exit Survey Provided? Y N
Supply Unit	a He
Communications Unit	
Facilities Unit	
Ground Support Unit	
ans/Intel Section	
Documentation Unit	Comment and Sign Off
nance/Admin Section	
Time Unit	Comment and Sign Off
her	
}	Comment and Sign Off
}	
Remarks	

# CREDENTIALING ICS 225 - POSITION PERFORMANCE RATING FORM

Position Performance Rating Form (ICS 225)

		T OTEL	(Tr		33)	
Position Credentialing Incident Response	Instructions	: The im	medi	ate sun	ervisor	will
and Exercise Performance Rating	prepare this	form for	r a su	bordina	ite pers	on
	Rating will b	e review	red w	ith the	individ	ual wh
Revised ICS form 225	will sign and	date the	e form	n. The i	ndividu	ial who
	is being revi	ewed wil	ll reta	in this	docume	ent so i
	may be used	as docu	menta	ation fo	r positi	on
Name:	credentialing					
MERIAH MIRACLE	Incident/Exe					
Incident/Exercise Address:	CAMP	FIRE				
PARADISE, CA	Date(s) of Po	sition As	signr	nent:		
ICS Position Held:	11/28 -		16	)		
P10	Agency Positi	ion:				
Incident/Exercise Type:	Public	EUUC	AT	ION	OFF	ICER
Responding to a complex, multi-agency	incident, actua	lly filling	the j	position	1	
☐ Filling the position in a multi-agency ex	ercise					
☐ Mentoring under a person filling the pos	sition					
List main duties from the angle 1 12				Perform	mance	Levels
List main duties from the position checklist on which the be rated. Enter X appropriate column indicating the ind	e position will	>				
of performance for each duty listed	ividual's level	Did not apply at this incident	Unacceptable		5	È
A see see any about	÷.	ot a	ept	ve to	cto	ds
		d ng	acc	ed	ly isfa	eec lsfa
		Did not a at this incident	Un	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
SOCIAL MEDIA						~
MEDIA		X				
PLAN DEVELOPMENT						V
COMMUNICATION MONITOR	14 1/ -					X
Public MEETINGS	100					X
MESSAGE PRODUCTION						X
TESSAGE PRODUCTION			_			X
			-			
NEDALL TO POCE OF ALLE						
VERALL JOB PERFORMANCE						X
emarks:						
BERIAH WAS VERY MOTIVATED SSIGNMENT EFFICIENTLY.	AND HA	INDLE	ED	EAC	Н	
nis rating has been discussed with me (signature of	individual heir	orated)		Date		
11/1/11/20		ig raicuj		12/	11/10	,
W W W W				1-1	7/18	
RANDON VACCARO						
LIFORNIA CITY F.D.						
1			-			
2 225						

ICS 225

Cal OES CSTI

OTHE LOS	U	nit	Log
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Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC		Date/Time Prepared: 11/28/1% 1747 Page _/ of/
Operational Period: #1%	Op Period: From:	Date: 11/24/18 Time: 0600 To: Date: 11/30/18 Time: 0600
Unit Name/Designator: PID	Unit	Leader (Name & Position):

TIME	Activity / Events
0/30	Intransit to Paradise EX from Evreby, cx
1420	Checked in @ EOC/assigned to Plos
图1735	
1800	Shift concluded

Overend hours to the state of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Prepared by: Meriah Miracle	Agency Name: Humbold+ County	EOC Position:
TIONE TYACK	DHHS	+10
	1,1112	

Paradise FOC ICS 214

Incident Nemas Care Fig. 19 11 1		Paradise EOC ICS 214
Incident Name: Camp Fire - Paradisé EOC	Date/Time Prepared: 11/29/191	Sho Page / of /
Operational Period: #18	Op Period: From: Date: 1/28/18 Time: 0600 To: 0	Date: 11/20/15/ Time: 0600
Unit Name/Designator: PIO	Unit Leader (Name & Position): Brandov	Naccavo Lead PIO

Activity / Events
Reported to Paradise Eoc
Briefing from Lead PIO Brandon Vaccaro
assigned to coordinate communications with DROC, Chico DRC, DrovilleD
Briefing from DROC Lead
JIC Briefing
Ovoville DRC-evaluate communications needs
flash flooding on SR99 delayed transit
Chico DRC - evaluate communications needs - home loans messaging
Kesumed duties in EDC
Concellation of community meeting messaging
Debrief
Checked out of tac

Pre	pared by: Meriah	Miracle
-		

Unit Log

Incident Name: Camp Fire - Paradise EOC		Paradise EOC ICS 214
Operational Period: it 19	Date/Time Prepared: 1/30 1830	Page1of/
# 1	Op Period: From: Date: 1/28/18 Time: 0600 To: Date: 1	/30//S/ Time: 0600
Unit Name/Designator: EOC P10	Unit Leader (Name & Position): Matt Grat	les Lead 710

TIIVIE	Activity / Events
0650	Report to EOC; evaluate gocial media proble prechannel
-	Transfer orange and
0805	Assigned to Partle Chief Ville And
0930	Assumed assignment & Botte County JIC:
	developed mental health and behavioral
	locath FAB I pot:
	health FAQ sheet in coordination w/JIC staff
	monitored social media; post social media;
	araina and regond to media marivies.
1315	
1330	Lunch 1 00 11 0
1645	Resurred assignment @Butte County JIL
107/	Vialo production in Yaradice is antice DE
	the 19, territoral that (2 (physbyration 8.
1000	TINZAVO AWAVENESS
1830	Sign out of Pavadise FOC

Prepared by:	11	A	
Prepared by: Meriah	Mivacle	Agency Name: Humbolat County DHHS	EOC Position:
Town of Paradise EOC ICS 214	11111010	HUMOURT WORKS VEINS	1 110
		· ·	

Unit Log

Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC		Paradise EOC ICS 214
	Date/Time Prepared:	Page / of /
Operational Period: #19	Op Period: From: Date:12/1/16 Time: 0600 To: Date:	12/2/13 Time: 0600
Unit Name/Designator: 7/0	Unit Leader (Name & Position): Matt Ga	tes Lead PIO

TIME	Activity / Events
07/0	Checken in to Paradise Fr.
0749	Briefing from Depty 710
0810	In trans, t to CaloES/EEMA community/cesource
1000	Tolleren melly in Whodaha CA
1000	Herived in Woodland, represent tour of the alice
1070	community relations.
1330	Meeting concluded in transit to Butte County 116
1340	Linch 2017
1530	Resume transit 6 JIC
1) 50	checked in to Fathe Country IIC, community relations
	lown of lavadise residents; answered evails.
	to resources intermation about
1845	Checked at of Butte Carry JIC: in Frans of to
	Raradise EOC, Paradise EOC,
91925	Checked out of Paralist En
	Checked out of Paradisc Ecc

Prenared by:		
Prepared by Meriah Miracle	Agency, Name: why DHHS	EOC Position:
Town of Paradise EOC ICS 214	PIUM DOIAT TOUNTY DAMS	1 170
	/	

EOC UNIT LOG	1. Event Name	2. Date Prepared	3. Time Prepared
	Camp Fire	10//	10.17
4. Section Name	5. Unit Leader / Section Ch	16/10	Operational Period
P10:	Mattantes	4	
7 Roster for Assigned EOC Bran		77	19 12/1/18-12/2/18
Name	. Positio	n .	
1 2 1 1			Department / Agency
Merjah Miracle	-1.410	Hu	mbolat County PHHC
	•		TANK CONTY ATTI
		e e	
8 Section I Unit Activity Log	·		1
Time .			
- Odo 0		Major Events	
a Dila			
0145 Brea			
W630	Social media	review	
A 7.	vans+ to Butte Con	my JIC	
D 200	crea in to wife	County JIC	
	Brieting and to	anstron glan	ning; (espond
- to, -	own of Paradise	A // )	mails; community
rela	tions social mea	1	money meeting
Plan	ining for Tues. T	Dec 4 - SUPPO	ort development
10 of (	ommunications &	lan	ar description -
HISTOIL Brea	K		
1620 Resur	red assignment	in J1C	
	ed out of Butte	0	in transt to
Paradi	SE EOL		in transit yo
150 Check	ed at of Paradi	se Ecc	
			·
	·		
			-
repared by (Name and Position)	Meriah Miracle,		
The state of the s			

Unit Log

Incident Name: Camp Fire - Paradise EOC

Date/Time Prepared: 12/3/18/1540 Page / of /

Operational Period: #19

Op Period: From: Date: 12/1/8 Time: 0600 To: Date: 12/3/18 Time: 0600

Unit Name/Designator: P/O

Unit Leader (Name & Position): Matt Gates, Lead P/O

TIME	Activity / Events
0730	Checked into Paradise EDC: participal della
	related to public information; Public Service
	Announcement production; developed talking
	points for eress conference transitions
	O TYANGINON
	demobilization
1230	Linch
1235	Resumed EOC assignment
ICRO	Classes - OSD
1000	Checked out of Pavadise Ecc
	·

Prepared by: Meriah Miracle	Agency Name; thumboldt County DHHS	EOC Position: 2/0
Town of Paradise EOC ICS 214	10. Well Con 19 1111/3	110

Unit Lo				Paradise EOC ICS 214
Incident Nam	ne: 2018 November W	Jildfives	Prepared: 12/4/18 1000	Page _ / _ of _ /
	Period #: # 20	Op Period Date	From: 12/3/18	To: 12/4/18
Unit Name/D	esignator: PID	Ur	nit Leader (Name & Position) MAH G	ates Lead Plo
TIME		Acti	ivity / Events	
0610	Checked in to	Paradise E	OC.	
0630	Debrief			
0645.	- λ 1	unning; Dei	mobilization	
	01	vm. fory	001/1221/07/	
	Resume assigna		4	
1015	Checked of a		2 EOC; in transi	1 1
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ANCH: OH REG SO	HRS REC	Additional Hours Benefit House	en	SOME TSU ADM	FD UPL R,U/L DIFF HRS	2		0	×	000	25		00	200	000	100	
	Lunch Out/lin Out/lin   20-1225   20-1225   20-120   20-1		REG	-	05/		-	-	000	-	-						00

EMPLOYEE OVERTIME/ADDITIONAL HOURS EXPLANATION

_	_				 -				
SUPV.	NIT.								
TOTAL SUPV.	HOURS INIT.	2	<u>-</u>	0			÷		
CASE	INITIALS or #	T			6				
DESCRIPTION		Buthe county five response	Buthe Gouth Pine response	Butte lowty five response - travel from					
TIME	FROM - TO	745am- 750 pm	720 au -	600 am -				· · · · · · · · · · · · · · · · · · ·	
DATE		2/2	200	2/4		1			

Dept of Health & Human Services Payroll Correction Form Branch: + Budget Unit #: Employee Name: Employee #: (Do not use SAL code or Dist #) 1. Actual Date of Occurrence: 11/2% PPE Date: 12 # of hours & type of hours recorded on timecard or previous change: (if shift differential occurred please include shift worked) Correct # of hours & type of hours that should have been recorded: (if shift differential occurred please include shift worked) Regular/Extra Help hours worked: From 7:30 (am)/pm To 3:20 Lunch time taken: From am/pm To If Overtime/Comp time occurred: From 3:30 0:00 am/pm) To Explanation of Overtime/Comp time: Butte Count PLEASE ATTACH FAMILY SICK/DEATH FORM IF APPLICABLE Employee Signature: Supervisor Signature: DHHS - 26 (8/10/2012) Dept of Health & Human Services Payroll Correction Form Branch: Budget Unit #: Employee Name: Employee #: (Do not use SAL code or Dist #) 1. Actual Date of Occurrence: PPE Date: # of hours & type of hours recorded on timecard or previous change: (if shift differential occurred please include shift worked) Correct # of hours & type of hours that should have been recorded: (if shift differential occurred please include shift worked) Regular/Extra Help hours worked: From () 7.10 (am/pm To am/pm Lunch time taken: From am/pm To am/pm If Overtime/Comp time occurred: From 5./0 6:10 am/pm To

Explanation of Overtime/Comp time: But County File (Spous - P/O

PLEASE ATTACH FAMILY SICK/DEATH FORM IF APPLICABLE

Employee Signature: Date: 12/7/18

Supervisor Signature: Date: 12-10-18

DHHS - 26 (8/10/2012)

Dept of Health & Human Services Payroll Correction Form	
Date: 12/7/18 Branch: Admin Budget Unit #: 5//	de la
Employee Name: Meriah Miracle Employee #: M8075	- 15
1. Actual Date of Occurrence: 11/30/18 PPE Date: 12/1/18	ist#)
# of hours & type of hours recorded on timecard or previous change: Sylary (if shift differential occurred please include shift worked)	
Correct # of hours & type of hours that should have been recorded: 4 19 3.5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Regular/Extra Help hours worked: From 6:50 am/pm To 2:50 am/pm	)
Lunch time taken: From am/pm To am/pm	l
If Overtime/Comp time occurred: From 2:50 am/pm To 6:30 am/pm	D
Explanation of Overtime/Comp time: Butte County Fire Response F/U	
PLEASE ATTACH FAMILY SICK/DEATH FORM IF APPLICABLE	
Employee Signature: 12/7/18	
Supervisor Signature: 12-7-18  Date: 12-7-18	
Dept of Health & Human Services Payroll Correction Form	
Date: 12/7/18 Branch: Admin Budget Unit #: 5// Employee Name: Meviah Miracle Employee #: M8095	- - -
Date: 12/7/18 Branch: Admin Budget Unit #: 5//	- st #)
Date: 12/7/18  Branch: Admin Budget Unit #: 5//  Employee Name: Meyiah Miracle Employee #: M8095  (Do not use SAL code or Discourse SAL code)	- st #)
Date: 12/7/18  Branch: Admin Budget Unit #: 5//  Employee Name: Meriah Miracle Employee #: M8095  (Do not use SAL code or District District Of Hours & type of hours recorded on timecard or previous change:	- st #)
Date: 12/7/18  Branch: Admin Budget Unit #: 5//  Employee Name: Meriah Miracle Employee #: M8095  (Do not use SAL code or Disorder of hours & type of hours recorded on timecard or previous change:  (if shift differential occurred please include shift worked)  Correct # of hours & type of hours that should have been recorded: 22501	- st #)
Date: 12/7/18  Branch: Admin Budget Unit #: 5//  Employee Name: Meriah Miracle Employee #: M8095  (Do not use SAL code or Discorded Discorded Section 1. Actual Date of Occurrence: 12/1/18  # of hours & type of hours recorded on timecard or previous change: (if shift differential occurred please include shift worked)  Correct # of hours & type of hours that should have been recorded: 22507  (if shift differential occurred please include shift worked)	
Date: 12/7/14 Branch: Admin Budget Unit #: 5//  Employee Name: Meviah Miracle Employee #: M8095  (Do not use SAL code or Distributed Date of Occurrence: 12/1/18  # of hours & type of hours recorded on timecard or previous change:  (if shift differential occurred please include shift worked)  Correct # of hours & type of hours that should have been recorded: 12 25 07  (if shift differential occurred please include shift worked)  Regular/Extra Help hours worked: From am/pm To am/pm	
Date: 12/7/14  Branch: Adwin Budget Unit #: 5//  Employee Name: Meracle Employee #: M8095  (Do not use SAL code or Di.  1. Actual Date of Occurrence: 12/1/18  # of hours & type of hours recorded on timecard or previous change: (if shift differential occurred please include shift worked)  Correct # of hours & type of hours that should have been recorded: (if shift differential occurred please include shift worked)  Regular/Extra Help hours worked: From am/pm To am/pm  Lunch time taken: From am/pm To am/pm	
Date: 12/7/18 Branch: AdMin Budget Unit #: 5//  Employee Name: Mirack Employee #: M8095  (Do not use SAL code or Di  1. Actual Date of Occurrence: 12/1/18 PPE Date: 12/1/18  # of hours & type of hours recorded on timecard or previous change: (if shift differential occurred please include shift worked)  Correct # of hours & type of hours that should have been recorded: (if shift differential occurred please include shift worked)  Regular/Extra Help hours worked: From am/pm To am/pm  Lunch time taken: From am/pm To am/pm  If Overtime/Comp time occurred: From 7:// am/pm To 5 am/pm	
Date: 12/7/18 Branch: Admin Budget Unit #: 5//  Employee Name: Meriah Miracle Employee #: M8095  (Do not use SAL code or Di. 1. Actual Date of Occurrence: 12/1/18  # of hours & type of hours recorded on timecard or previous change: (if shift differential occurred please include shift worked)  Correct # of hours & type of hours that should have been recorded: (2 25 07 (if shift differential occurred please include shift worked)  Regular/Extra Help hours worked: From am/pm To am/pm  Lunch time taken: From am/pm To am/pm To am/pm  If Overtime/Comp time occurred: From 7:// am/pm To 7 25 am/pm  Explanation of Overtime/Comp time: Battle County fire response. Plo	

DIRECT DEPOSIT RECEIPT County of Humbold

d 1801026	12/21/2018		Range Step		SNO	Amount				2 140 65						Total Deductions 3,386.70
CEIPT Period	Issue Date 12/21/2018		Salary R.		UCT	Description			41.51   PERS MISCELL ANFOLIS	1.344.48   DIRECT ACH DEPOSIT	FEDERAL INCOME TAX	CA STATE INCOME TAX	25.01   FICA	MEDICARE	STATE DISABILITY INS	
DIRECT DEPOSIT RECEIPT		Payroll Period	Begin End	12/02/2018 12/15/2018	RIBUTIONS	Rate	91B29/ A/1100/200/ /	25.00888		1,344.48			25.00888 25.01			Gross Pay 3,386.70
	MIRACLE, MERIAH LYNNE	State	Status Exemption:	S	PAY & DIRECT CONTRIBUTIONS	Hours	PM( 47031) 1160511/5110391B29/ A/1100/200/	79.00000	1.66000	35.84000	3.69200	3.69200	1.00000			Total Hours 117.50000
County of Humbold	MIRAC	Federal	Status Exemption:	S		Description	Department 511 PM(	SALARY	OVERTIME	OVERTIME 1.5	SICK ACCRUAL	VACATION ACCRUAL	FAMILY SICK TAKEN			

#### 45.28 128 Daily Exp. 73.49 386.71 Totals 40.91 18) Total Due | 625 Ø ↔ N) Tracking# 36218 93.93 23.49 17) Less Travel Advance received (if applicable) 18:28 25.25 Amt. 9 (14)Other Expenses Description (13)Gas 725 B **Budget Numbers** Gas Amount Lodging (12)(11) 23 Meals B) DHHS Branch/Division AdMin (10) 8 4 9550 **В** 347.79 $\bar{a}$ 4 G) Phone#: COUNTY OF HUMBOLDT EXPENSE VOUCHER 3497 Non-Employee Description | Amt. 8 Other (zip) THE SERVICE SERVICE Freda, CA 4585 Transportation Amt. (6) Private Car Miles (5) C) Claimant's Name: Meriah Miracle D) Departmental Address:(street) SO7 F SH A) Include Original Receipts with Expense Voucher Lic. No. 16) Total Travel Expense 4 Co. Car No. (3) (2) (and then Eucha, who Unice) rental car return (city) Neadhort, 40810-1530 Norting infield Franchison Chico, 04-to. Nortinginfield Travel blu Chico, chand Oraville, cA 0835-1515 Date Locations & Time of Dep. & Return 30

H) This claim includes additional expenses for the following people:

I) The travel expenses listed above were expended by me and were necessary in accordance with the Travel Policy of Humboldt County. The undersigned, under penalty of perjury, states that the items listed on the above claim are true and correct, that the amounts are properly due this claimant, that no items have been previously paid.

Memorandum of Understanding, Section V, County Travel Policy reads: Travel claims shall be submitted within 30 days of incurring the expense unless an exception is made by the department head and Auditor. Travel claims originating in June are due to the Auditor no later than 14 days after June 30th.

Date	
3) Signature/of/Claimant	

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From: To:

Meriah Miracle Miracle, Meriah

Subject: Date: Fwd: ENTERPRISE Rental Agreement 45Y7JY Thursday, December 6, 2018 11:59:14 AM

-------Forwarded message --------From: <<u>DoNotReply@erac.com</u>>
Date: Wed, Dec 5, 2018 at 12:22 PM

Subject: ENTERPRISE Rental Agreement 45Y7JY

To:



RA #: 45Y7JY

Renter: MIRACLE, MERIAH

Dates & Times	Location
<b>Pickup</b> Nov 28, 2018 7:49 AM	110 5TH STREET EUREKA, CA 95501-0328 7074433366
<b>Return</b> Dec 05, 2018 12:20 PM	110 5TH STREET EUREKA, CA 95501-0328 7074433366

#### Vehicle

Make/Model: TOYO/CORO

Color: SILVER Mileage: 822 Fuel Out: Full

License: 8AGF979

Licerise, OAGI 575

Fuel In: Full

Unit #: 7PFK2D Vehicle #: JC988667

Charges	Price/Unit	Total
TIME & DISTANCE 11/28 - 12/05	1 @ \$259.99/WEEK	\$259.99
TIME & DISTANCE 12/05 - 12/05	1 @ \$52.00/DAY	\$52.00
VEHICLE LICENSE RECOVERY FEE	8 @ \$1.40/DAY	\$11.20
SALES TAX	8.5000%	\$26.52
	Total Charges:	\$349.71
	Charge To:	
2010 12 05 12 21 51		

2018-12-05 12:21:54

Meriah Miracle

Gas Peceipts
Butte County Five Pesponse
11/29/12/41/18

HAUE A NICE DAY ORDUILLE UALERO Oroville CA THANK YOU WELCOME 95965

Thanks You Shopping Quik Stop 1400 E Main St CA Woodland Term: 001458059 Appr:

\$3.199 \$3.199 \$23.49 Unld-Resular PUMP-VOLUME PRICE/G GAS TOTAL

SERUICE LEUEL: SELF

DATE 11/29/18

TRAN# 9835899

PUMP# 63

PRODUCT: UNLEADED

7.562 3.559 26.91

\$26.91

FUEL SALE CREDIT

PRICE/G: GALLONS:

\$23.49 TAX TOTAL

12/01/2018 13:37:29

D

I agree to pay the above Total Amount according to Card Issuer Agreement.

Store # \*\*\*\*\*\*\*

\*\*\*\*

TERMINAL ID: 002 SITE 1D: 627063

Stan: 08392097580 Invoice #: 827318

Resp Code:

Auth #: 029681 Entry Metnou.

CIRCLEK 481EAST AVE, CHICO .(A 95926

HENDERSON CENTER PATRIO

EUREKA CA 95501 414 HARRIS ST

12/05/2018

HICO SUPER FOOD MAR 19463985 181 EAST AVE HICO CA 12/84/2018 861882765 18:22:33 AM

12:12

CREDIT CARD

**VISA SALE** 

[NVOICE 102113 )UIH 00-004216 ?EF700351204181921

Visa Credit A0000000031010

Chip Card:

ATC: AD:

Network:

83499106DB691DA3

Chip Read

Amount \$25.25

JnLeaded

VUMP# 2 REGULAR RICE/GAL

5.378G \$3.399

18.28 18.28 Ħ UEL TOTAL

Approval Code: Entry Method:

Trans #: TC: SEQ #:

REDIT

DMPLETION
AIPE EXP.Date:\*\*/\*\*
atch: 78 Seq Num: 36
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IP ENTERED
orkstation ID: 88
our opinion
ount; Enter to
in I of 68 \$25
as gift cards!!!
rovide feedback
ww.gasvisit.com

SALE AMOUNT

\$25.25

CUSTOMER COPY

THANK YOU

HAUE A NICE DAY THANK YOU

TEAR HERE

INVOICE # AMOUNT ACCOUNT # DESCRIPTION

1128-120518

635.64

Disaster Work - CampFire

1160511

TOTAL CHECK \*\*\*\*\*635.64

COUNTY OF HUMBOLDT EUREKA, CALIFORNIA 95501

If necessary to inquire about this check, refer to

VNM101424

VENDOR: (707) 476-2461 CHECK PHONE:

NUMBER

922595

RY RECORD	
RK SUMMA	
TRACT WO	
CON	

CONTRACT WOR	CONTRACT WORK SUMMARY RECORD	(D)		
Applicant	GPS N	FEMA ID	CDAA Disaster	FEMA Disaster#
Meriah Miracle				4407DR-CA
Location/Site	GPS W	CDAA ID	Category Period	Period Covering
Town of Paradise Emergency Operations Center - Chico, CA			11/28	to 12/4/2018
Description	Description of Work Performed:			
Dates Worked Contractor	Billing/Invoice Number	Amount	Comments - Scope	cope
11/28 to Meriah Miracle, Humboldt County Department of 12/4/2018 Health & Human Services	€	635.64	Expenses accrued - Town of Paradise EOC EMMA request and response - see	of Paradise EOC
11/28 to Meriah Miracle, Humboldt County Department of 12/4/2018 Health & Human Services	€	1,000.00	+	own of Paradise
	₩	1.385.98	Overtime Wages earned - Town of	Town of
to				est and response
to				
	Total This Page \$	3,021.62		
	Total Other Pages \$	3 021 62		
I CERTIFY THAT THE ABOVE INFORMATION WAS TRANSCRIBED FROM PAYROLL RECORDS VENDOR INVOICES OR OTHER DOCUMENTS THAT ARE AWAY ARE FOR ALLEST	ECORDS VENDOR INVOICES	OP OTHER DOCUME	OT TICK HAVE ADE TANT STA	E CONTRACTOR DE
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כנו חוופת		Title		Date

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		CONTRACT WORK SUMMARY RECORD	SUMMARY RECO	RD			
		Applicant	GPS N	FEMAID	# Md	CDAA Disaster	FEMA Disaster#
		Meriah Miracle					4407DR-CA
		Location/Site	GPS W	CDAA ID	Category	Period Covering	vering
Town of	Paradise Emergency C	Town of Paradise Emergency Operations Center - Chico, CA				11/28/2018 to	12/4/2018
		Description of Work Performed:	ork Performed:			5 0	
Da	Dates Worked	Contractor	Billing/Invoice	Amount		Comments - Scope	pe
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